

TO: HEADQUARTERS AIR UNIVERSITY OFFICE OF PROTOCOL (AU/PC)	CONTINGENCY FUND REQUEST	(1) FROM:
(2) PURPOSE OF FUNDS REQUEST		
(3) GUEST(S) OF HONOR <i>(Full Name and Title)</i>		(4) HOST <i>(Full Name and Title)</i>
(5) PLACE OF FUNCTION <i>(If Applicable)</i>	(6) DATE/TIME	PROTOCOL USE ONLY
		(7) PROTOCOL VOUCHER NUMBER
(8) RATIOS <i>(If Applicable)</i> DOD GUESTS: _____ NON-DOD GUESTS: _____ TOTAL: _____	(9) MENU <i>(If Applicable)</i>	
(10) DV CATEGORY <i>(Check One)</i> DOD PROTOCOL COMMUNITY RELATIONS PUBLIC RELATIONS INTERNATIONAL OTHER: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(11) ITEMIZED COST OF EXPENDITURE		
DESCRIPTION	QUANTITY	UNIT PRICE
GRAND TOTAL:		
(12) ACCOUNTING CLASSIFICATION		
DIRECTOR OF RESOURCES REVIEW		
(13) NAME & GRADE OF VERIFYING OFFICIAL	SIGNATURE	DATE
APPROVAL OF EXPENDITURE		
(14) NAME & GRADE OF APPROVING OFFICIAL	SIGNATURE	DATE
(15) REMARKS		
NOTE: FULL GUEST LIST INCLUDING NAME, RANK, AND DUTY TITLE IS REQUIRED FOR APPROVAL AND ORIGINAL RECEIPT OR VOUCHER IS REQUIRED FOLLOWING FUNCTION OR PURCHASE. REFER TO AFI 65-603 FOR GUIDANCE ON APPROPRIATED FUND USE.		